



TAIWAN/AMERICAN TEACHER EXCHANGE PROGRAM

APPLICATION

2009-2010

To access the application, please see the other opportunities page of the website www.fulbrightexchanges.org. This is not a Fulbright Program. Please do not use the online feature of this website, but download the application.

Application Checklist

Please complete this checklist and enclose it with your application package. Please do not staple any of your application pages (paper clips may be used). Mail all application materials to:

Graduate School, USDA

**600 Maryland Avenue, S.W.; Suite 320 Attn: CF
Washington, DC 20024**

The application deadline is **February 15, 2009**

1. Does your package include:

a. 1 original of the application?	Yes	No
b. 1 original of the essay?	Yes	No
c. 1 "Administrative Approval for Applicant" form?*	Yes	No
d. 1 "Immediate Supervisor Reference for Applicant" form?*	Yes	No
e. 1 additional references if submitting c + d, 2 references if not submitted?*	Yes	No
f. Document certifying number of years of teaching experience (i.e. letter from principal/superintendent)	Yes	No
g. Health examination form	Yes	No
h. Copy of diploma(s)	Yes	No
i. Copy of passport	Yes	No
j. Current teaching certificate	Yes	No
k. Criminal background check	Yes	No
- [Please do not send resumes, audio or video tapes.]*
2. Are any of the above documents being sent under separate cover? Yes No
If so, which ones?
3. Is your Administrative Approval completed by the school official authorized to grant the required leave arrangements?
4. Make sure you are eligible for all the positions in the countries you listed in Section II of your application:

a. Are you fluent in the required languages?	Yes	No
b. Are you currently employed at the specified teaching level?	Yes	No
c. Are you currently employed in the specified subject field?	Yes	No

*All reference forms submitted must include original signatures. The reference forms should be included with your application as a complete package. However, if a reference must be mailed under separate cover, it should be also submitted by the February 15, 2008 deadline. References may be submitted as part of your application packet in sealed envelopes. Sign over the back flap by the recommendation official.

Taiwan/American Teacher Exchange Candidate Summary 2009-2010

A. Name:					
Dr.	Mr.	Mrs.	Ms.	Miss	
		Last	First	Middle Initial	
B. U.S. Citizen:				Yes	No
If no, state country of citizenship:				Country of residence:	
D. Complete Home Mailing Address (include number, street, city, state, zip code):					
E. Date of Birth (month/day/year):			F. Indicate year and country of any previous International Visitor grants (if none, write 'none'):		
Place of Birth (city, state, country):					
G. Current Occupation:					
Name and address of employer			Job Title	Employed Since (mm/yy)	
H. Current Subject(s) and level(s):					
I. Taiwan Location Preference:					
J. Education:					
Name of institution, university, or professional school and location		Major field of study		Name of degree and date received	
K. Name your most significant publications/honors/awards/projects or other accomplishments:					
L. Provide a synopsis in approximately 50 words of your personal/professional goals as related to this exchange program. (Please use only this space. Additional pages will not be accepted):					
CANDIDATE SIGNATURE_____DATE_____					

APPLICATION FOR TEACHING EXCHANGES AND SEMINARS ABROAD

Please read all instructions before completing this form. Please type or print clearly in black ink. This form may be copied.

ID#: 09

I. APPLICANT BASIC DATA			
A. Title:	Dr. Mr. Mrs. Ms. Miss	Name (last, first, middle):	F. U.S. Citizen: Yes No
			G. U.S. Veteran: Yes No
B. Complete Home Mailing Address (include number, street, city, state, zip code):			H. Disabled: Yes No If so, please describe:
C. Home Telephone (area code, number): Home Fax (area code, number): Home E-mail:			I. Ethnicity: (select one) Hispanic or Latino Not Hispanic or Latino
D. Date of Birth (month/day/year):			J. Race: (select one or more of the following) American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
E. Have you ever applied to the program before? N/A			
II. APPLICATION FOR:			
1.	Is your spouse applying for a position abroad through this program?		Yes No
2.	If so, will you accept a position if no position is offered to your spouse?		Yes No
3.	Are you and your spouse willing to be placed in different locations?		Yes No

III. MODERN FOREIGN LANGUAGE FLUENCY												
Language	Understanding			Speaking			Reading			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

IV. EDUCATION AND PROFESSIONAL PREPARATION ABOVE SECONDARY SCHOOL (List degrees in reverse chronological order with the most recent educational level first)					
Institution, Location	Dates Attended		Degrees Received		Major Subjects
	From	To	Kind	Date	

V. PRESENT EMPLOYMENT	
A. Present Position Title:	In Present Position From (date):
B. Name and Address of School (include number, street, city, state, zip code):	Telephone (area code, number) and email address: Fax (area code, number):
C. School Principal's or College Dean's Name (include Dr., Mr., Mrs., Ms., or Miss):	
School Principal's or College Dean's Job Title:	Telephone (area code, number) and email address:
D. Immediate Supervisor's Name (include Dr., Mr., Mrs., Ms., or Miss):	
Immediate Supervisor's Job Title:	Telephone (area code, number) and email address:
E. Approving Administrative Official's Name (include Dr., Mr., Mrs., Ms., or Miss): Note: Must be the official authorized to approve participation in the exchange, grant a leave of absence, e.g., President, Headmaster, Superintendent or District Official. See "Administrative Approval for Applicant" form. If retired, please state this.	
Approving Administrative Official's Job Title:	Telephone (area code, number) and email address:
Name and Address of Approving Administrative Official's Institution (include number, street, city, state, zip code):	

VI. CURRENT DAILY SCHEDULE FOR CURRENT YEAR or FOR LAST YEAR OF TEACHING, IF YOU ARE A RETIRED TEACHER.

A. Subjects: Be specific and provide details (e.g., English literature, ESL, etc.). Special Education teachers are requested to include details about student needs and teaching approaches.	Number of Teaching Hours Per Week	Grade Level and Age of Students		Number of Students
		Grade	Age	
B. Additional Activities: Describe workload other than a teaching position (e.g., counseling, supervision, curriculum development, extra-curricular activities).	Number of Teaching Hours Per Week	Grade Level and Age of Students		Number of Students
		Grade	Age	
C. What is the best time to call you at school?				
D. Have you been absent more than six days per year in the last three years? Yes No If yes, please explain:				

VII. PREVIOUS EXPERIENCE / EMPLOYMENT

A. List any full-time teaching/administrative experience, beginning with the most recent:

Dates		Position Title	Name and Location	Full Time Teaching Position	
From	To			Grade	Subject

B. List any experiences you have had studying, working or traveling abroad:

Dates		Country	Purpose of Visit
From	To		

C. List memberships in educational, professional, and civic associations:

D. List awards and publications:

VIII. OTHER EXPERIENCE

A. List extracurricular activities you have directed or sponsored (e.g., sports, arts, dramatics, music, etc.):

B. List educational experiences you have had which would be especially helpful to you in working abroad (e.g., working with bilingual students, student exchange programs, etc.):

C. List experiences you have had in teaching English to non-native speakers:

IX. CERTIFICATION AND BACKGROUND CHECK

A. Please list the U.S. states in which you are certified to teach, the date of original certification in that state, and the date of renewal certification, if applicable.

State of Certification	Date of Certification	Date of Certification Renewal
1.		
2.		
3.		
4.		

B. Do you have National Board Certification? Yes No

C. Please attach documentation showing all current teaching certifications.

D. Please provide the date of most recent criminal background check, and attach copy of the results of this check:

X. SCHOOL INFORMATION			
A. If school is primary or secondary, is it year-round?		No Yes	Number of terms:
B. Dates of current school year terms:		Fall (from: to:)	Spring (from: to:)
C. No. of school teaching staff:		No. of faculty in department:	No. of students in institution:
D. School type: Public Private		E. School location: Urban Suburban Rural	
F. Description of school (include academic level, composition of student body, teaching method, resource materials, special features, etc.). Use additional sheet if necessary:			
XI. PERSONAL INFORMATION			
A. HOUSEHOLD MEMBERS - Please also indicate after "Name" which household members would travel to Taiwan with you:			
Names		Relationship Code H: Husband W: Wife D: Daughter S: Son O: Other	Dates of birth of dependents 21 and below
B. HOUSING: (for placement purposes only)			
Do you smoke?		Yes No	
Number of rooms preferred:	Number of bedrooms preferred:	Number of beds preferred:	
Ideal housing location:		Urban Suburban Rural	
XII. ESSAY			
On no more than two additional pages, please write one essay addressing both A and B below:			
A. Provide a narrative picture of yourself. The essay should deal with your personal history, focusing on influences on your intellectual development, the educational and cultural opportunities (or lack of them) to which you have been exposed, and the ways in which these experiences have affected you. Also include your special interests and abilities.			
B. Describe your future career goals and plans, especially ways you plan to use your experience abroad in your professional work in this country and to enhance international education in your school and community.			

XIII. REMARKS (Additional space for answers: Use this space to provide additional information on any item. Write the number and letter of the item to which each answer applies. If you need more space, attach additional sheets.)
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Terms of Agreement If Selected

1. I agree to reflect the ideals of the United States of America while observing and obeying the laws of the country in which I will be exchanging.
2. For teacher exchange applicants: When requested, I will have a complete physical examination and will submit a physician's "Report of Medical Examination." I will also submit a "Statement of Health for Dependents" form from a physician for all who accompany me. All medical examinations and required translations into Chinese will be at my expense. In addition, I guarantee that I and anyone accompanying me will have comprehensive medical insurance sufficient to cover any major medical contingency that may occur while abroad.
3. I am aware that travel before a grant is awarded is not reimbursable.
4. If required by my grant, I will travel on an airline designated for the transportation of the United States grantees.
5. I will attend all orientation activities in the United States or abroad.
6. If selected for a teaching assignment abroad, I will complete my assignment in Taiwan.
7. I will accept no employment other than my position as an exchange teacher during my stay abroad, unless approved in writing by the administering authorities.
8. I am aware that, should the exchange be terminated as a result of my inability to fulfill the obligations, I may be asked to reimburse funds expended on my exchange.
9. I am aware that no one or more of the following will be liable for any claim or claims resulting from either exchange partners' failure to enter upon or to complete the program outlined in the grant: the Graduate School, USDA and TECRO.
10. I have had a criminal background check conducted by my institutional/district at the time of my employment.

I certify that I have read and understand the "Terms of Agreement" and that the information provided in this application is, to the best of my knowledge, true and correct. I am aware that a false statement may be grounds for non-selection or termination of my exchange. I further certify that I have notified the Graduate School, USDA of any misdemeanor (except minor traffic violation) or felony convictions or pending indictments. My signature confirms that I will abide by the "Terms of Agreement" if selected for program participation

SIGNATURE OF APPLICANT: _____ DATE: _____

How did you first hear about the Taiwan/American Teacher Exchange Program?

- | | |
|--|--|
| <input type="checkbox"/> from a colleague at my school or college
<input type="checkbox"/> from a school or college administrator
<input type="checkbox"/> from a former participant of this program
<input type="checkbox"/> from a friend
<input type="checkbox"/> at a conference | <input type="checkbox"/> through a professional journal or other publication
<input type="checkbox"/> at my local library
<input type="checkbox"/> through a mailing from the Graduate School, USDA
<input type="checkbox"/> Other (please specify) _____ |
|--|--|



TAIWAN – AMERICAN EXCHANGE PROGRAM

REFERENCES

2009-2010

Administrative Approval for Applicant

This form is required only if the applicant is seeking leave from his/her school system during the exchange in Taiwan

ID#: 09

1. Name of Applicant (last, first, middle):	
2. INSTRUCTIONS FOR APPROVING ADMINISTRATOR: Please complete the following sections and sign this form to certify your approval or disapproval of the applicant's pursuit of an exchange, one-way assignment, or seminar opportunity through the Taiwan/American Teacher Exchange Program. Indicate the type of leave to be granted and whether or not your teacher has undergone a criminal background check (you may check more than one box). (Please see reverse of this form.)	
A. APPROVAL OF LEAVE OF ABSENCE FOR 1 ACADEMIC YEAR	Yes No
B. BACKGROUND CHECK According to institutional/district procedures, we conducted a criminal background check of the applicant at the time of his/her employment. <div style="text-align: center; margin-top: 10px;"> Yes No </div>	
C. DISAPPROVAL	
The above teacher/administrator is employed by our school or school system and will not be granted a leave of absence.	
D. OFFICIAL SIGNATURE	
Note: This form must be completed and signed by the official who is authorized to approve participation in the exchange or grant a leave of absence, e.g. President, Headmaster, Superintendent or District Official.	
Name and Job Title of Chief Administrator or Authorized Official (President, Headmaster, Superintendent or District Official):	
Name and Address of School or School System (include number, street, city, state, and zip code):	
Signature of Chief Administrator or Authorized Official (President, Headmaster, Superintendent or District Official):	
Print Name:	Title:
Signature:	Date:

About The Taiwan/American Teacher Exchange Program

The Graduate School, USDA has offered, through the TECRO, the opportunity for selected, certified elementary and middle school U.S. teachers to teach alongside their Taiwanese counterparts for an entire year in an effort to increase the understanding and cooperation of educators worldwide. In August, the selected teachers will be flown to Taiwan, where they will attend an Orientation hosted by the TECRO and supervised by the Graduate School, USDA. The participants will then travel to the school in which they will be stationed. Salary will be paid in New Taiwanese dollars according to participants' level of education, in addition to housing and medical insurance.

Please return this form to:

**Graduate School, USDA
600 Maryland Avenue, S.W., Suite 320 Attn: CF
Washington, D.C. 20024
Tel (202) 314-3520**

Immediate Supervisor Reference for Applicant

IMPORTANT: The success of this program depends on the selection of educators whose qualifications give promise of outstanding service under unusual circumstances abroad. Please see Taiwan/American Teacher Exchange Program description on the reverse of form.

ID #: 09

1. Name of Applicant (last, first, middle):				
2. Check the Applicant's professional qualifications and personal traits:				
Item	Superior	Above Average	Average	Below Average
PROFESSIONAL QUALIFICATIONS				
Ability to teach English, Language, Literature, and/or ESL classes				
Effectiveness with students of diverse levels of preparation				
Ability to work with colleagues, including those with divergent views				
Adherence to established administrative policies and procedures				
PERSONAL TRAITS				
Adaptability				
Intercultural Adaptability				
Interpersonal Communication Skills				
Flexibility				
Resourcefulness				
Self-reliance				
Initiative				
3. Additional comments on the applicant's professional competence, experience, accomplishments, and personal qualities. Also indicate any limitations. Use additional page if necessary.				
4. Number of years you have known applicant:		5. Is the applicant a current full-time teacher?		
6. Please provide a general description of your teacher's school/college. Comment on how you feel the school, college, or district will benefit from participating in the Taiwan/American Teacher Exchange Program. Use additional page if necessary.				
7. Please describe any special consideration that could be given to the incoming exchange teacher, (e.g., orientation, reduced teaching load, extra preparation periods, special assignments teaching about home country culture, special support staff to assist exchange teacher with instructional or related duties, other). Please continue on the reverse of this page, or use additional sheets.				
8. Name and Job Title (include Dr., Mr., Mrs., Ms., Miss):				
9. Name and Address of School (include number, street, city, state and zip code):				
10. Print Name:		11. Title:		
Signature:		Date:		

Additional Space for Items 3, 6 and 8 (please use additional sheet if necessary):

About The Taiwan/American Teacher Exchange Program

The Graduate School, USDA has offered, through the TECRO, the opportunity for selected, certified elementary and middle school U.S. teachers to teach alongside their Taiwanese counterparts for an entire year in an effort to increase the understanding and cooperation of educators worldwide. In August, the selected teachers will be flown to Taiwan, where they will attend an Orientation hosted by the TECRO and supervised by the Graduate School, USDA. The participants will then travel to the school in which they will be stationed. Salary will be paid in New Taiwanese dollars according to participants' level of education in addition to housing and medical insurance.

Please return this form to:

**Graduate School, USDA
600 Maryland Avenue, S.W., Suite 320 Attn: CF
Washington, D.C. 20024
Tel (202) 314-3455**

Reference for Applicant

Two references are required if applicant is not submitting both immediate supervisor and administrator references. References are preferred from those who have first-hand knowledge of your teaching experience.

IMPORTANT: The success of this program depends on the selection of educators whose qualifications give promise of outstanding success under unusual circumstances abroad. Please see Taiwan/American Teacher Exchange Program description on the reverse of form.

ID#: 09

1. Name of Applicant (last, first, middle):				
2. Check the Applicant's professional qualifications and personal traits:				
Item	Superior	Above Average	Average	Below Average
PROFESSIONAL QUALIFICATIONS				
Ability to teach English, Language, and Literature, and ESL classes				
Effectiveness with students of diverse levels of preparation				
Ability to work with colleagues, including those with divergent views				
Adherence to established administrative policies and procedures				
PERSONAL TRAITS				
Adaptability				
Intercultural Adaptability				
Interpersonal Communication Skills				
Resourcefulness				
Flexibility				
Self-reliance				
Initiative				
3. Additional comments on the applicant's professional competence, experience, accomplishments, and personal qualities. Also indicate any limitations. Use back of page if necessary.				
4. Professional relationship to the applicant:			5. Number of years you have known the applicant:	
6. Name and Job Title (include Dr., Mr., Mrs., Ms., Miss):				
7. Professional Address (include institution, number, street, city, state, zip code, phone number and email address):				
8. Print Name:		9. Title:		
Signature:		Date:		

About The Taiwan/American Teacher Exchange Program

The Graduate School, USDA has offered, through the TECRO, the opportunity for selected, certified primary school U.S. teachers to teach alongside their Taiwanese counterparts for an entire year in an effort to increase the understanding and cooperation of educators worldwide. In August, the selected teachers will be flown to Taiwan, where they will attend an Orientation hosted by the TECRO and supervised by the Graduate School, USDA. The participants will then travel to the school in which they will be stationed in the whole year. Salary will be paid in New Taiwanese dollars according to participants' level of education in addition to housing and medical insurance.

Please return this form to:
Graduate School, USDA
600 Maryland Avenue, S.W., Room 320 Attn: CF
Washington, D.C. 20024
Tel (202) 314-3455 Fax (202) 479-6806

This form is subject to release, on written request, to the applicant. (Privacy Act of 1974, Freedom of Information Act.)

Taiwan/American Teacher Exchange 2009-2010 Program Information Questionnaire

1. Your state _____

2. Your teaching subject and level _____

How did you find out about the Taiwan/American Teacher Exchange Program? (Please indicate the approximate date.)

_____ Professional Journal or Magazine (name) _____

_____ Conference _____

_____ A Publication or Letter distributed by the Taiwan/American Teacher Exchange Program (please specify)

_____ A Foreign Teacher presently on exchange in your school or community (name of teacher and school)

_____ School or College Administrator _____

_____ School Newsletter (name) _____

_____ Newspaper Article (name) _____

_____ Other _____

4. When did you request the application (please give an approximate date)? _____

5. When did you receive the application (please give an approximate date)? _____

6. How did you receive the application? _____ Graduate School Office _____ Conference

_____ School or College Administrator _____ Colleague _____ Other

7. Do you have any further suggestions for future recruitment and advertising techniques? Please specify:

Hospital's **ITEMS REQUIRED FOR HEALTH CERTIFICATE (Type I)**

(Country Name, Hospital's Name, Address, Tel no., fax no.)

____/____/____

(年)(月)(日)

____/____/____

(D)(M)(Y)

Date of Examination

(Personal Information)

姓名 Name :	性別 Sex :	<input type="checkbox"/> 男Male	<input type="checkbox"/> 女Female
身份證字號 ID No. :	年齡 Age :		
出生年月日 Date of Birth : / /	婚姻狀況 Marital Status :	<input type="checkbox"/> 已婚Married	<input type="checkbox"/> 未婚Single
護照號碼 Passport No. :	國籍 Nationality :		
居住縣市別 County (Staying) :	聯絡電話 Phone No. :		
護照號碼 Passport No. :	國籍 Nationality :		

2吋照片
2"Photo

(MEDICAL HISTORY)

您是否曾經感染過下列疾病：

Have you ever had any of the following diseases/illnesses：

- | | | | |
|-------------------------|---|---|---|
| A.心臟病
Heart disease | <input type="checkbox"/> 有Yes <input type="checkbox"/> 沒有No | I.瘧疾
Malaria | <input type="checkbox"/> 有Yes <input type="checkbox"/> 沒有No |
| B.高血壓
Hypertension | <input type="checkbox"/> 有Yes <input type="checkbox"/> 沒有No | a. <input type="checkbox"/> 間日瘧
<i>Plasmodium vivax</i> | |
| C.肺病
Lung disease | <input type="checkbox"/> 有Yes <input type="checkbox"/> 沒有No | b. <input type="checkbox"/> 卵型瘧
<i>Plasmodium ovale</i> | |
| D.氣喘
Asthma | <input type="checkbox"/> 有Yes <input type="checkbox"/> 沒有No | c. <input type="checkbox"/> 三日瘧
<i>Plasmodium malariae</i> | |
| E.肝病
Liver disease | <input type="checkbox"/> 有Yes <input type="checkbox"/> 沒有No | d. <input type="checkbox"/> 熱帶瘧
<i>Plasmodium falciparum</i> | |
| F.糖尿病
Diabetes | <input type="checkbox"/> 有Yes <input type="checkbox"/> 沒有No | J.結核病
Tuberculosis | <input type="checkbox"/> 有Yes <input type="checkbox"/> 沒有No |
| G.腎臟病
Kidney disease | <input type="checkbox"/> 有Yes <input type="checkbox"/> 沒有No | K.登革熱
Dengue Fever | <input type="checkbox"/> 有Yes <input type="checkbox"/> 沒有No |
| H.癲癇
Epilepsy | <input type="checkbox"/> 有Yes <input type="checkbox"/> 沒有No | L.其他
Others | |

(PHYSICAL EXAMINATION)

A. 身高 : _____ 公分cms	J. 肺臟 : _____ Lungs	<input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
B. 體重 : _____ 公斤kgs	K. 肝臟 : _____ Liver	<input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
C. 血壓 : _____ / _____ 毫米汞柱mmHg	L. 脾臟 : _____ Spleen	<input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
D. 脈搏 : _____ 次/分times/min	M. 甲狀腺 : _____ Thyroid gland	<input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
E. 視力 : 右 _____ 左 _____ Vision : Right _____ Left _____	N. 淋巴線 : _____ Lymph nodes	<input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
F. 皮膚 : <input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal Skin	O. 泌尿生殖器 : _____ External genitalia	<input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
G. 耳朵 : <input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal Ears	P. 疝氣 : _____ Hernia	<input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
H. 眼睛 : <input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal Eyes	Q. 體肢運動 : _____ Locomotor	<input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal
I. 心臟 : <input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal Heart	R. 精神狀態 : _____ Mental condition	<input type="checkbox"/> 正常Normal <input type="checkbox"/> 異常Abnormal

S. 其他 Others _____ 若是精神狀態異常，病名是 _____ (If abnormal, specify disease.)

(附表一)

(LABORATORY EXAMINATIONS)

A.HIV(Serological Test for HIV)☐ (Positive)☐ (Negative)☐ (Indeterminate)

a.(Screening Test) ☐ EIA ☐ Serodia ☐ (Others)_____

b.(Confirmatory Test)☐ Western Blot ☐ (Others)_____

B.X(Chest -Ray for Tuberculosis)

☐ (Normal) ☐ (Abnormal)_____

Standard Film Only

C.(Serological Test for Syphilis)☐ (Positive)☐ (Negative)

a.☐ RPR b.☐ VDRL c.☐ TPHA d.☐ 其它(Other)

Remark This form is for **Group B alien workers**.

先生/女士/小姐之檢查結果為 ☐ ☐

Conclusion : The above medical report of Mr./Mrs./Ms.____,He/She ☐ passes ☐ fails the checkup.

(Name Signature)

(Medical Technologist in
charge) :

(Name Signature)

(Physician in charge) :

(Name Signature)

(Superintendent) :
